

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONForm must be Typed
Form must be signed

TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

OPERATOR: License# _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

Contact Person Email: _____

Field Contact Person: _____

Field Contact Person Phone: (_____) _____

API No. 15- _____

Spot Description: _____

____ - ____ - ____ - ____ Sec. _____ Twp. _____ S. R. _____ ☐ E ☐ W_____ feet from ☐ N / ☐ S Line of Section_____ feet from ☐ E / ☐ W Line of Section

GPS Location: Lat: _____, Long: _____

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84County: _____ Elevation: _____ ☐ GL ☐ KB

Lease Name: _____ Well #: _____

Well Type: (check one) ☐ Oil ☐ Gas ☐ OG ☐ WSW ☐ Other: _____☐ SWD Permit #: _____ ☐ ENHR Permit #: _____☐ Gas Storage Permit #: _____

Spud Date: _____ Date Shut-In: _____

	Conductor	Surface	Production	Intermediate	Liner	Tubing
Size						
Setting Depth						
Amount of Cement						
Top of Cement						
Bottom of Cement						

Casing Fluid Level from Surface: _____ How Determined? _____ Date: _____

Casing Squeeze(s): _____ to _____ w / _____ sacks of cement, _____ to _____ w / _____ sacks of cement. Date: _____

Do you have a valid Oil & Gas Lease? ☐ Yes ☐ NoDepth and Type: ☐ Junk in Hole at _____ ☐ Tools in Hole at _____ Casing Leaks: ☐ Yes ☐ No Depth of casing leak(s): _____Type Completion: ☐ ALT. I ☐ ALT. II Depth of: ☐ DV Tool: _____ w / _____ sacks of cement ☐ Port Collar: _____ w / _____ sack of cement

Packer Type: _____ Size: _____ Inch Set at: _____ Feet

Total Depth: _____ Plug Back Depth: _____ Plug Back Method: _____

Geological Data:**Formation Name**

Formation Top Formation Base

Completion Information

1. _____ At: _____ to _____ Feet Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet

2. _____ At: _____ to _____ Feet Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet

UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Submitted Electronically

**Do NOT Write in This
Space - KCC USE ONLY**

Date Tested: _____ Results: _____ Date Plugged: _____ Date Repaired: _____ Date Put Back in Service: _____

Review Completed by: _____ Comments: _____

TA Approved: ☐ Yes ☐ Denied Date: _____**Mail to the Appropriate KCC Conservation Office:**

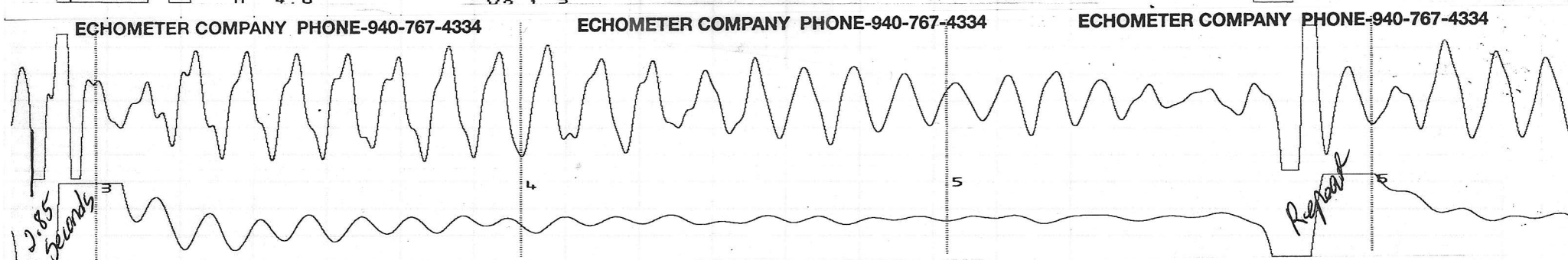
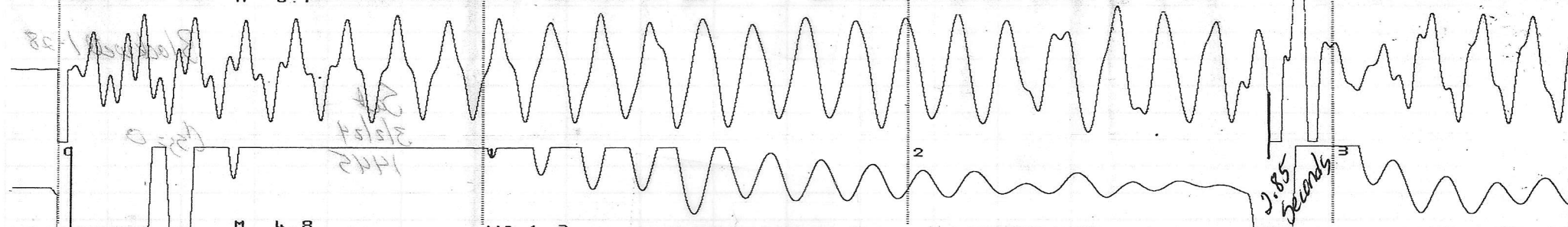
	KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801	Phone 620.682.7933
	KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226	Phone 316.337.7400
	KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720	Phone 620.902.6450
	KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651	Phone 785.261.6250

PRECISION WIRELINE and TESTING
P.O. BOX 560
LIBERAL, KANSAS 67905-0560
620-629-0204

PRODUCER PLATEAU OPERATING CORP. CSG WT SET @ TD PB GL
WELL NAME BLACKWELL 1-28 TBG WT SET @ SN PKR KB
LOCATION SE NW NE NE 28-25S-40W PERFS TO TO TO TO
COUNTY HAMILTON STATE KS PROVER METER TAPS ORIFICE PCR TCR
GG API @ GM RESERVOIR

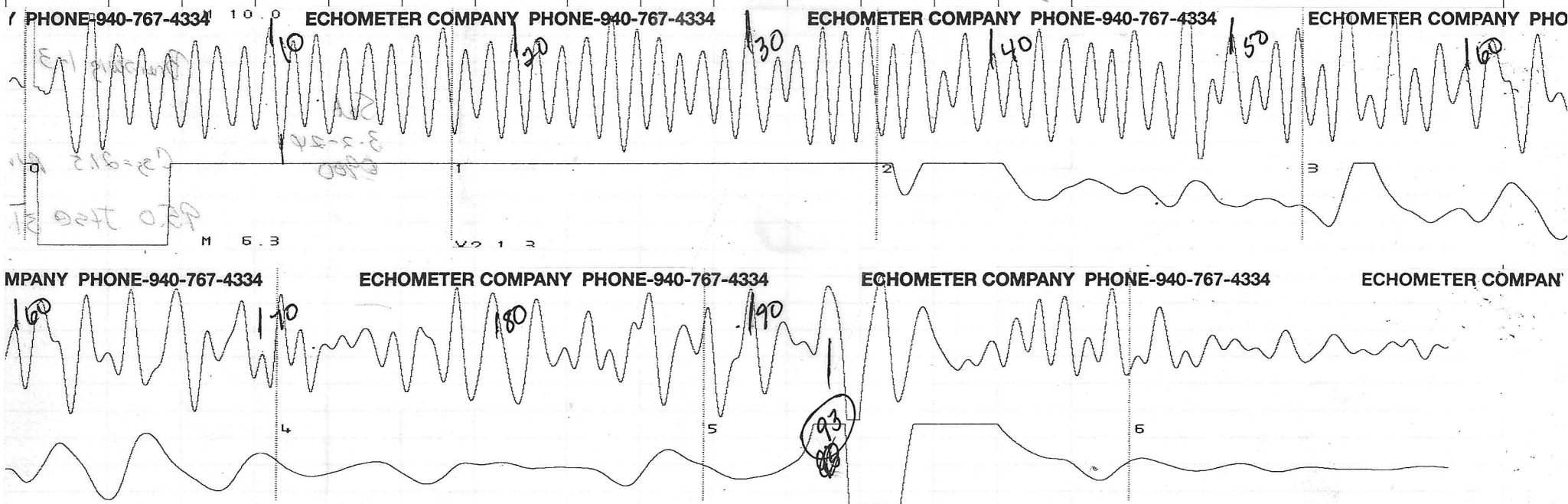
DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS		TYPE TEST: <u>ANNUAL</u>	INITIAL <u> </u>	SPECIAL <u>RETEST</u>	ENDING DATE <u>3-2-24</u>
		CSG PSIG	Δ P CSG	TBG PSIG	Δ P TBG	BHP PSIG	Δ P BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBLs.	WATER BBLs.				
SATURDAY																	
3-2-24																	
1445		0															CONDUCT LIQUID LEVEL DETERMINATION TEST

Y PHONE-940-767-4334 M 8.1 ECHOMETER COMPANY PHONE-940-767-4334 ECHOMETER COMPANY PHONE-940-767-4334 ECHOMETER COMPANY PHC



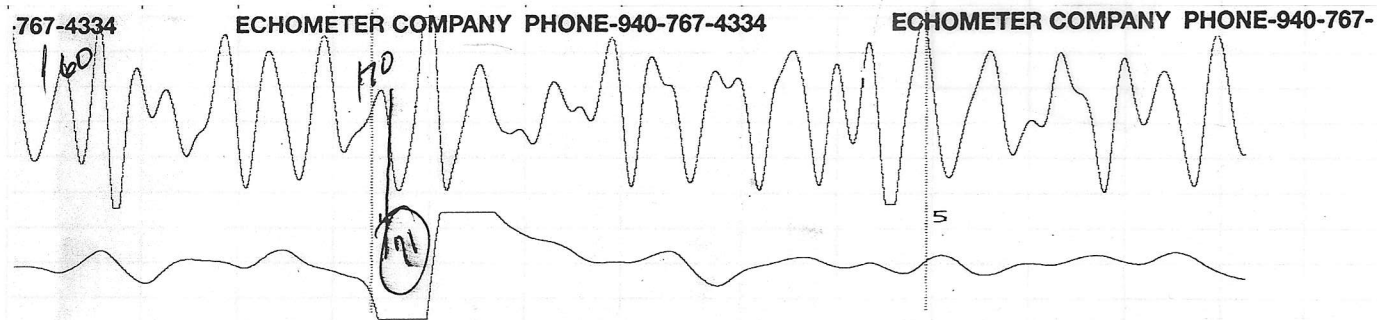
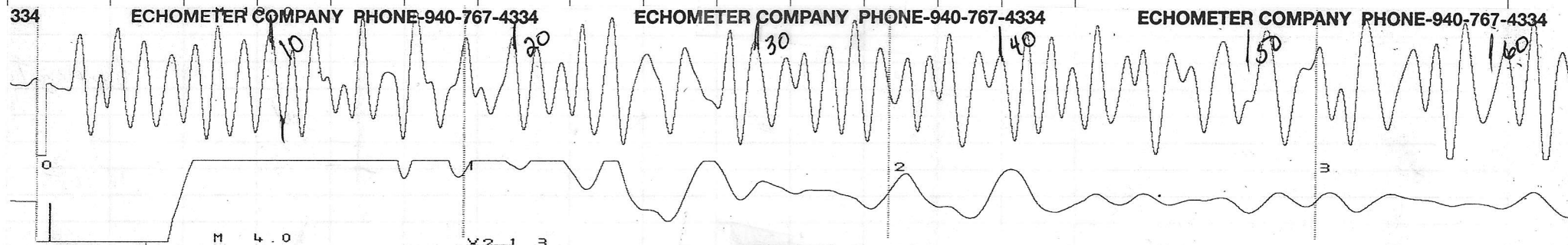
PRODUCER	PLATEAU OPERATING CORP.	
WELL NAME	BRUNSWIG 1-3	
LOCATION	C NW/4 3-18S-40W	
COUNTY	GREELEY	STATE KS

CSG _____ WT _____ SET @ _____ TD _____ PB _____ GL _____
 TBG _____ WT _____ SET @ _____ SN _____ PKR _____ KB _____
 PERFS _____ TO _____ , _____ TO _____ , _____ TO _____ , _____ TO _____
 PROVER _____ METER _____ TAPS _____ ORIFICE _____ PCR _____ TCR _____
 GG _____ API _____ @ _____ GM _____ RESERVOIR _____

[illegible][illegible]

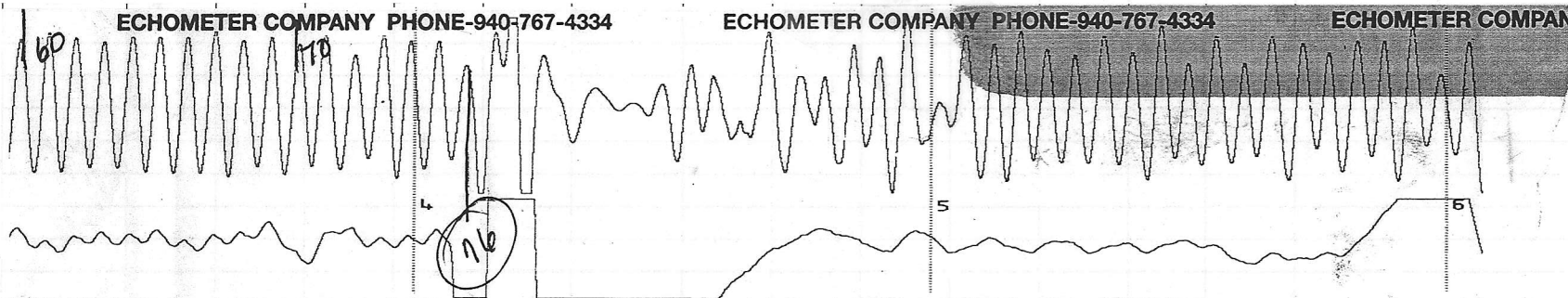
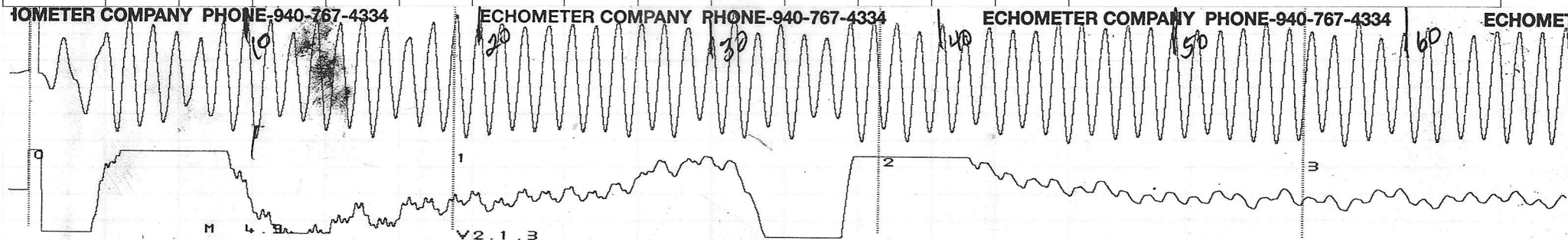
PRODUCER	PLATEAU OPERATING CORP.	
WELL NAME	BYERLEY TUCKER 1-11	
LOCATION	NW NW 11-18S-40W	
COUNTY	GREELEY	STATE KS

CSG _____ WT _____ SET @ _____ TD _____ PB _____ GL _____
 TBG _____ WT _____ SET @ _____ SN _____ PKR _____ KB _____
 PERFS _____ TO _____, _____ TO _____, _____ TO _____, _____ TO _____
 PROVER _____ METER _____ TAPS _____ ORIFICE _____ PCR _____ TCR _____
 GG _____ API _____ @ _____ GM _____ RESERVOIR _____

[illegible][illegible]

PRODUCER	PLATEAU OPERATING CORP.		
WELL NAME	C DOUBLE 1-16		
LOCATION	NE 16-25S-40W		
COUNTY	HAMILTON	STATE	KS

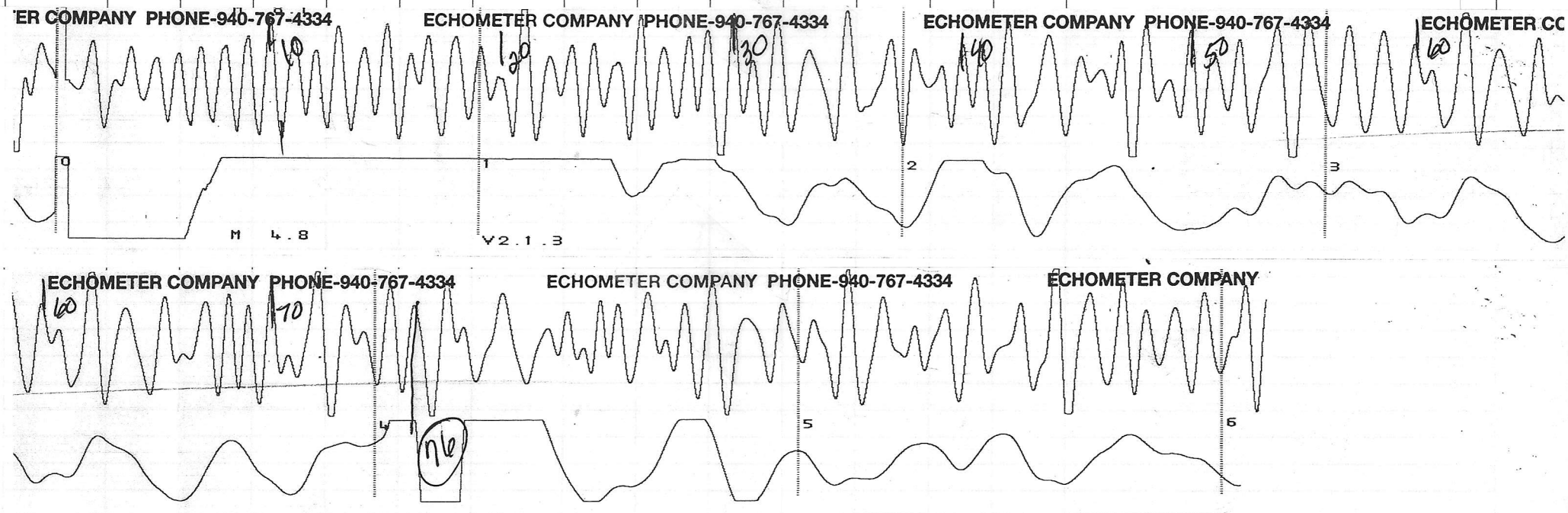
CSG _____ WT _____ SET @ _____ TD _____ PB _____ GL _____
 TBG _____ WT _____ SET @ _____ SN _____ PKR _____ KB _____
 PERFS _____ TO _____, _____ TO _____, _____ TO _____, _____ TO _____
 PROVER _____ METER _____ TAPS _____ ORIFICE _____ PCR _____ TCR _____
 GG _____ API _____ @ _____ GM _____ RESERVOIR _____

[illegible][illegible]

PRECISION WIRELINE and TESTING
P.O. BOX 560
LIBERAL, KANSAS 67905-0560
620-629-0204

PRODUCER PLATEAU OPERATING CORP. CSG WT SET @ TD PB GL
WELL NAME DURLER 2-21 TBG WT SET @ SN PKR KB
LOCATION NE 21-25S-40W PERFS TO , TO , TO , TO
COUNTY HAMILTON STATE KS PROVER METER TAPS ORIFICE PCR TCR
GG API @ GM RESERVOIR

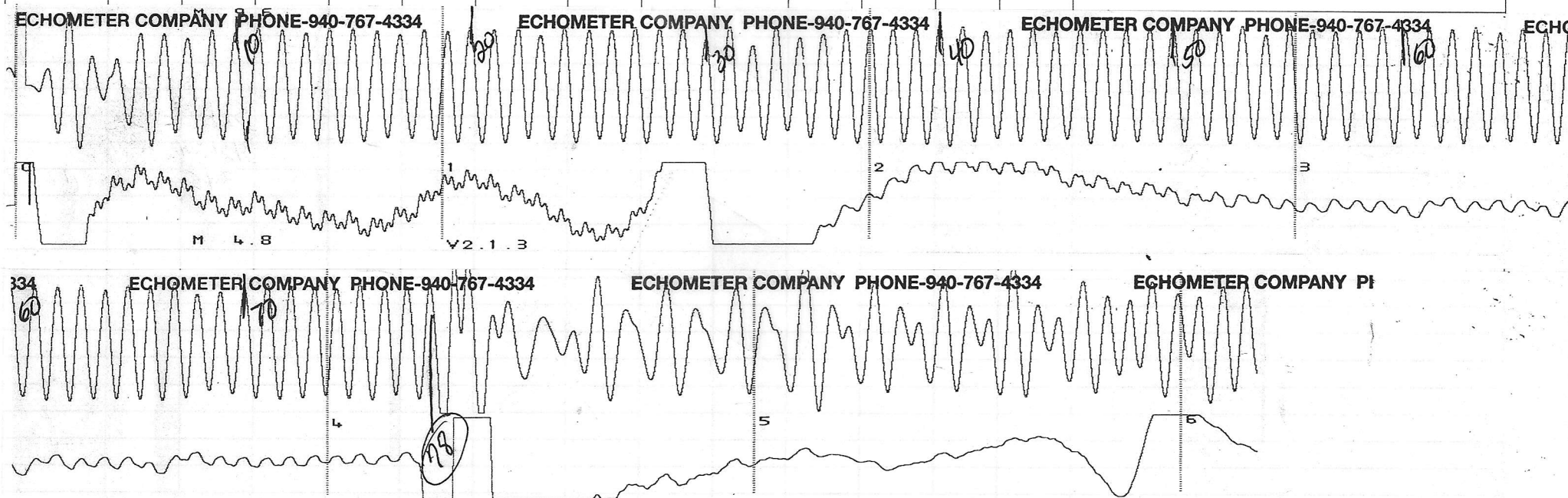
DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS		TYPE TEST: <u>ANNUAL</u>	INITIAL <u> </u>	SPEICAL <u> </u>	ENDING <u> </u>
		CSG PSIG	Δ P CSG	TBG PSIG	Δ P TBG	BHP PSIG	Δ P BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBLs.	WATER BBLs.				
SATURDAY																	
3-2-24																	ASSUME AVERAGE JT. LENGTH = 31.50'
1430		44.9		PUMP ON													CONDUCT LIQUID LEVEL DETERMINATION TEST
																	SHOT
																	JTS TO
																	DISTANCE
																	#
																	FLUID
																	TO FLUID
																	1
																	76.0
																	2394'
																	2
																	76.0
																	2394'



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PRODUCER PLATEAU OPERATING CORP. CSG WT SET @ TD PB GL
WELL NAME HODGSON 1-17 TBG WT SET @ SN PKR KB
LOCATION NW 17-25S-40W PERFS TO TO TO TO
COUNTY HAMILTON STATE KS PROVER METER TAPS ORIFICE PCR TCR
GG API @ GM RESERVOIR

DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS		TYPE INITIAL _____ SPEICAL _____ ENDING _____ TEST: ANNUAL _____ RETEST _____ DATE <u>3-2-24</u>		
		CSG PSIG	Δ P CSG	TBG PSIG	Δ P TBG	BHP PSIG	Δ P BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBLs.	WATER BBLs.	REMARKS PERTINENT TO TEST DATA QUALITY		
SATURDAY																
3-2-24																
1315		478.8		PUMP OFF											CONDUCT LIQUID LEVEL DETERMINATION TEST	
															SHOT JTS TO DISTANCE	
															# FLUID TO FLUID	
															1 78.0 2457'	
															2 78.0 2457'	

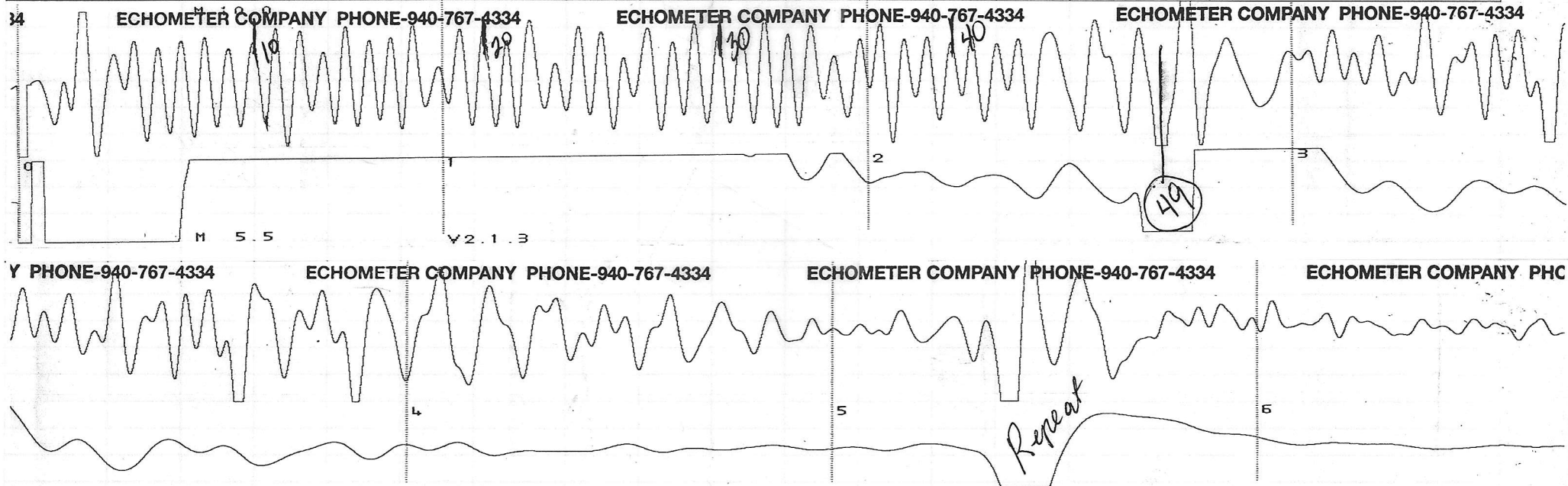


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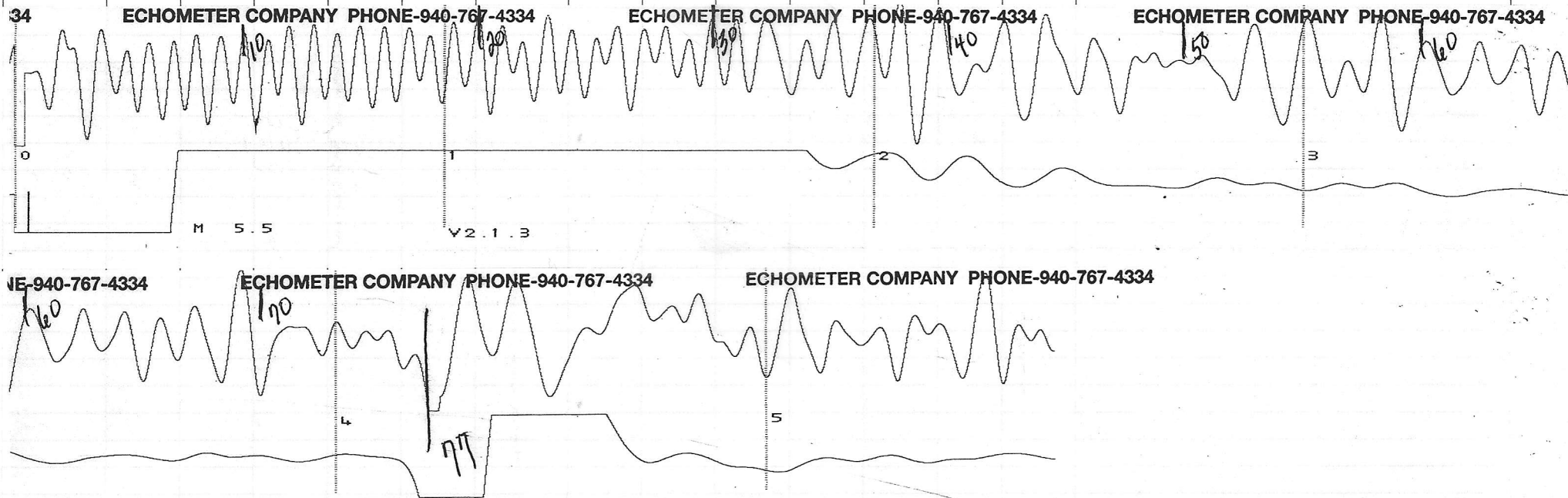
PRODUCER PLATEAU OPERATING CORP.
WELL NAME LEVENS 2-6
LOCATION NW NW 6-25S-40W
COUNTY HAMILTON STATE KS

CSG WT SET @ TD PB GL
TBG WT SET @ SN PKR KB
PERFS TO , TO , TO , TO
PROVER METER TAPS ORIFICE PCR TCR
GG API @ GM RESERVOIR

DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS		TYPE INITIAL <u> </u> SPEICAL <u> </u> ENDING <u> </u> TEST: ANNUAL <u> </u> RETEST <u> </u> DATE <u>3-2-24</u>		
		CSG PSIG	Δ P CSG	TBG PSIG	Δ P TBG	BHP PSIG	Δ P BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBLs.	WATER BBLs.	REMARKS PERTINENT TO TEST DATA QUALITY		
SATURDAY														ASSUME AVERAGE JT. LENGTH = 31.50'		
3-2-24														CONDUCT LIQUID LEVEL DETERMINATION TEST		
1230		28.1		PUMP OFF										SHOT	JTS TO	DISTANCE
														#	FLUID	TO FLUID
														1	49.0	1544'
														2	49.0	1544'



PRODUCER	PLATEAU OPERATING CORP.	CSG	WT	SET @	TD	PB	GL
WELL NAME	LEVENS 2-31	TBG	WT	SET @	SN	PKR	KB
LOCATION	NW NW 31-24S-40W	PERFS	TO	TO	TO	TO	TO
COUNTY	HAMILTON STATE KS	PROVER	METER	TAPS	ORIFICE	PCR	TCR
		GG	API	@	GM	RESERVOIR	

[illegible][illegible]

PRODUCER PLATEAU OPERATING CORP. CSG WT SET @ TD PB GL
WELL NAME LEVENS 4-31 TBG WT SET @ SN PKR KB
LOCATION SE 31-24S-40W PERFS TO , TO , TO , TO
COUNTY HAMILTON STATE KS PROVER METER TAPS ORIFICE PCR TCR
GG API @ GM RESERVOIR

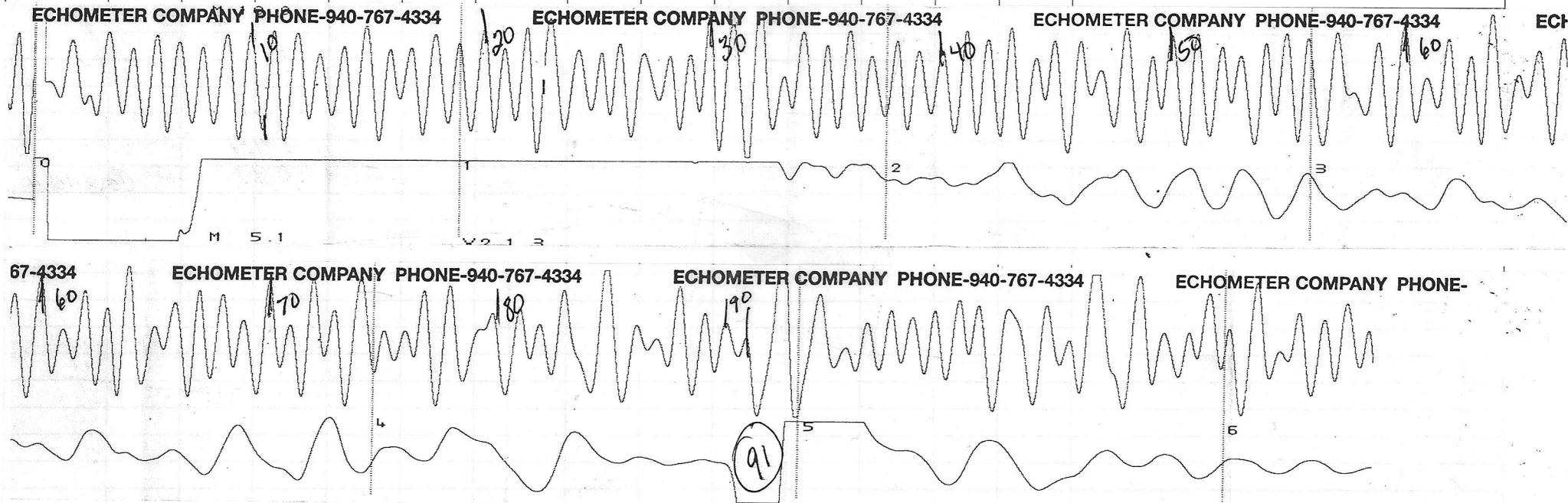
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620-629-0204

PRODUCER PLATEAU OPERATING
WELL NAME MONARCH BOUNDS 2-10
LOCATION NE NW 10-18S-40W
COUNTY GREELEY STATE KS

CSG WT SET @ TD PB GL
TBG WT SET @ SN PKR KB
PERFS TO , TO , TO , TO
PROVER METER TAPS ORIFICE PCR TCR
GG API @ GM RESERVOIR

DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS		TYPE INITIAL <u> </u> SPEICAL <u> </u> ENDING <u> </u>		
		CSG PSIG	Δ P CSG	TBG PSIG	Δ P TBG	BHP PSIG	Δ P BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBLs.	WATER BBLs.	TEST: ANNUAL <u> </u> RETEST <u> </u> DATE <u>3-2-24</u>	REMARKS PERTINENT TO TEST DATA QUALITY	
SATURDAY															ASSUME AVERAGE JT. LENGTH = 31.50'	
3-2-24															CONDUCT LIQUID LEVEL DETERMINATION TEST	
0815		110.4		PUMP OFF											SHOT	JTS TO
															#	FLUID
															1	91.0
															2	91.0
																TO FLUID
																2867'
																2867'



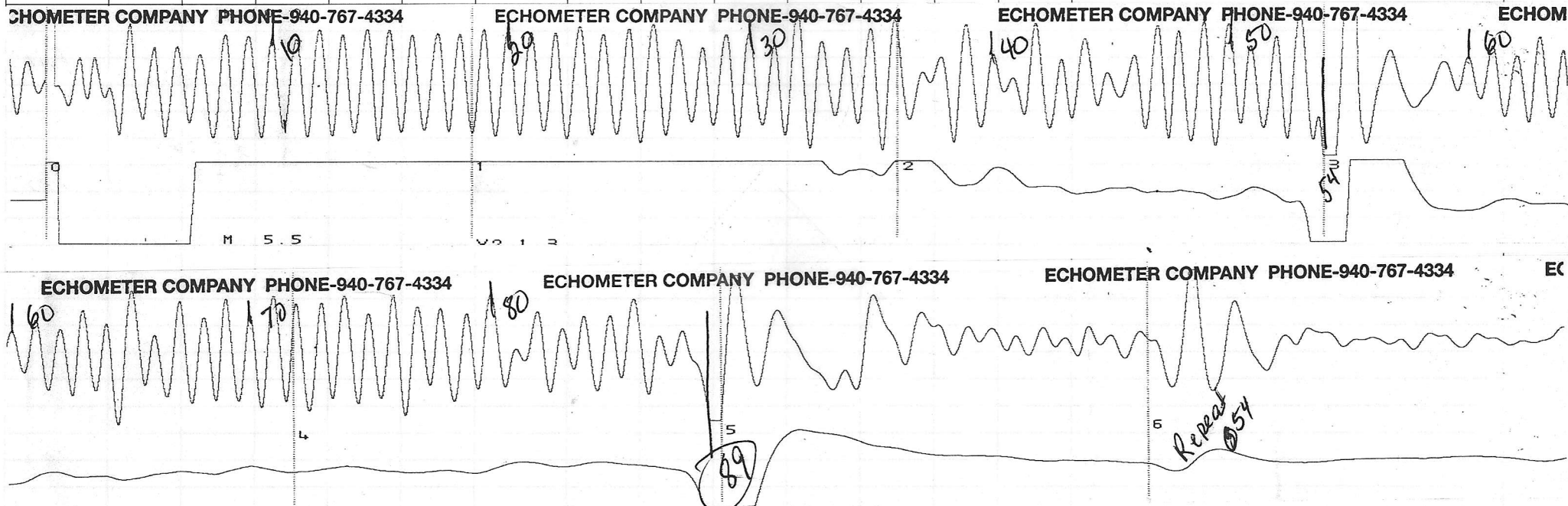
PRECISION WIRELINE and TESTING
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LIBERAL, KANSAS 67905-0560
620-629-0204

PRODUCER PLATEAU OPERATING CORP.
WELL NAME NIX 1-3
LOCATION W/2 E/2 NE 3-18S-40W
COUNTY GREELEY STATE KS

CSG WT SET @ TD PB GL
TBG WT SET @ SN PKR KB
PERFS TO , TO , TO , TO
PROVER METER TAPS ORIFICE PCR TCR
GG API @ GM RESERVOIR

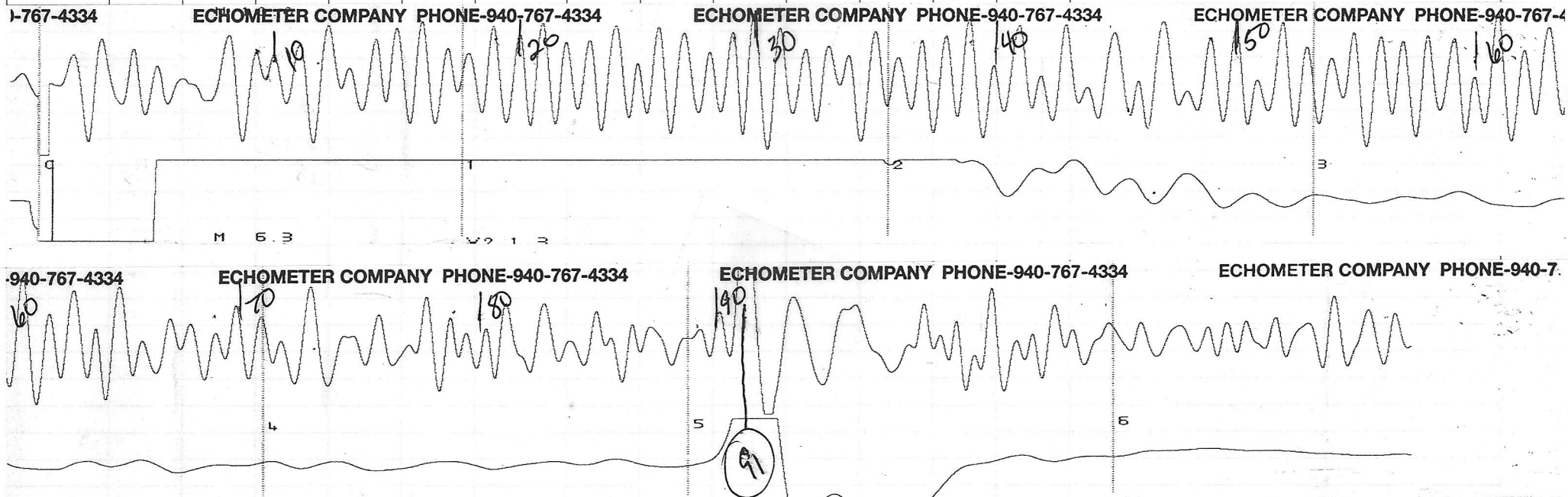
DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS		TYPE TEST: <u>ANNUAL</u>	INITIAL <u> </u>	SPEICAL <u>RETEST</u>	ENDING DATE <u>3-2-24</u>
		CSG PSIG	Δ P CSG	TBG PSIG	Δ P TBG	BHP PSIG	Δ P BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBLs.	WATER BBLs.				
SATURDAY																	
3-2-24																	
0915		29.3		PUMP OFF													

REMARKS PERTINENT TO TEST DATA QUALITY		
ASSUME AVERAGE JT. LENGTH = 31.50'		
CONDUCT LIQUID LEVEL DETERMINATION TEST		
SHOT	JTS TO	DISTANCE
#	FLUID	TO FLUID
1	89.0	2804'
2	89.0	2804'



PRODUCER	PLATEAU OPERATING CORP.	
WELL NAME	NIX 2-3	
LOCATION	SW SW NE 3-18S-40W	
COUNTY	GREELEY	STATE KS

CSG _____ WT _____ SET @ _____ TD _____ PB _____ GL _____
 TBG _____ WT _____ SET @ _____ SN _____ PKR _____ KB _____
 PERFS _____ TO _____ , _____ TO _____ , _____ TO _____ , _____ TO _____
 PROVER _____ METER _____ TAPS _____ ORIFICE _____ PCR _____ TCR _____
 GG _____ API _____ @ _____ GM _____ RESERVOIR _____

[illegible][illegible]

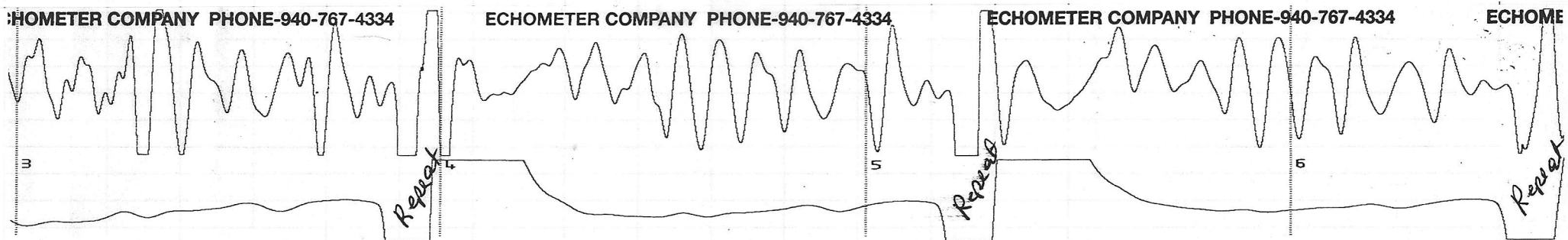
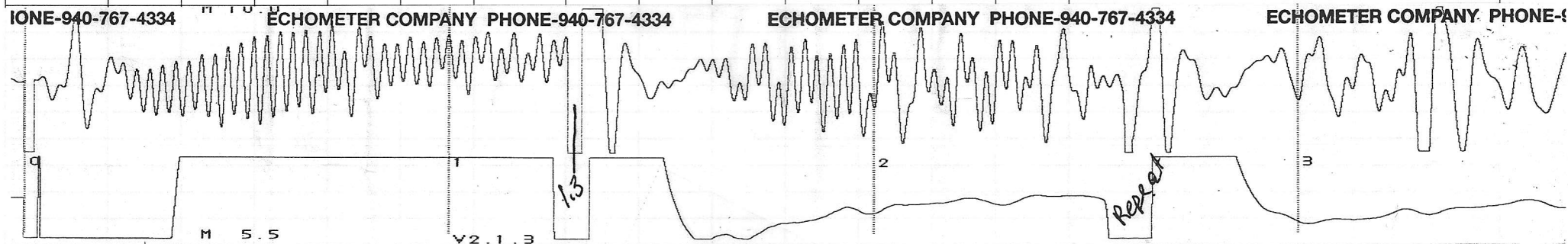
PRECISION WIRELINE and TESTING
P.O. BOX 560
LIBERAL, KANSAS 67905-0560
620-629-0204

PRODUCER PLATEAU OPERATING CORP. CSG WT SET @ TD PB GL
WELL NAME SIMON 1-18 TBG WT SET @ SN PKR KB
LOCATION NW 18-25S-40W PERFS TO , TO , TO , TO
COUNTY HAMILTON STATE KS PROVER METER TAPS ORIFICE PCR TCR
GG API @ GM RESERVOIR

[illegible]

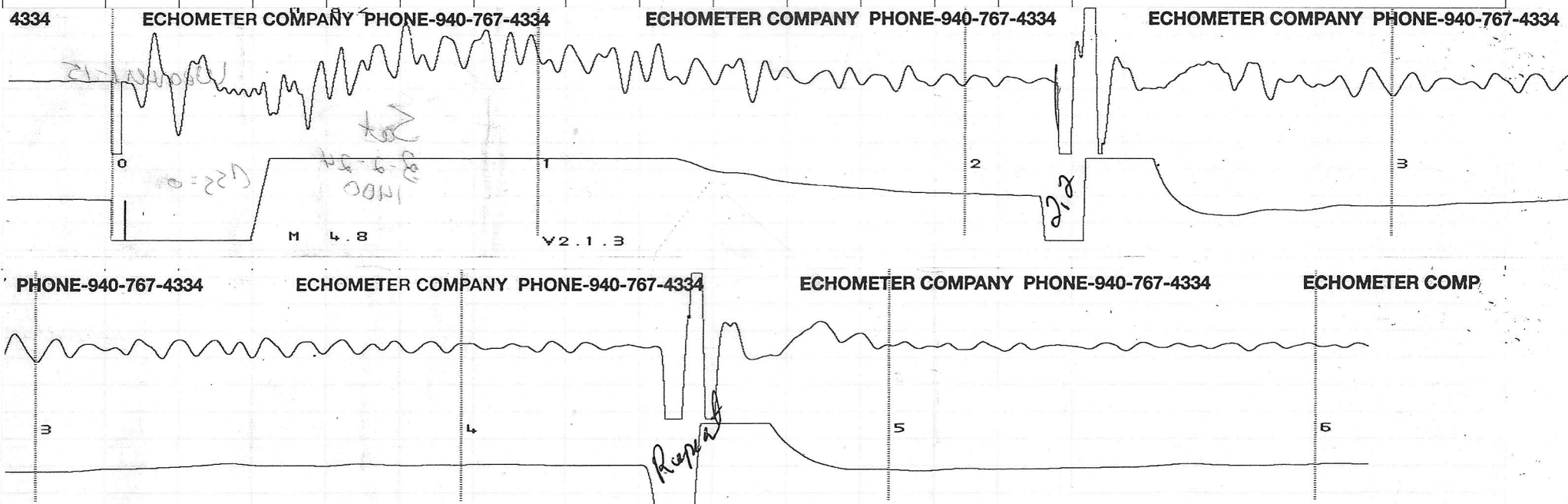
PRODUCER PLATEAU OPERATING CORP. CSG WT SET @ TD PB GL
WELL NAME T SPIKER 1-7 TBG WT SET @ SN PKR KB
LOCATION NE 7-25S-40W PERFS TO , TO , TO , TO
COUNTY HAMILTON STATE KS PROVER METER TAPS ORIFICE PCR TCR
GG API @ GM RESERVOIR

DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS		TYPE	INITIAL	SPEICAL	ENDING
		CSG PSIG	Δ P CSG	TBG PSIG	Δ P TBG	BHP PSIG	Δ P BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBLs.	WATER BBLs.	TEST:	ANNUAL	RETEST	DATE
SATURDAY														REMARKS PERTINENT TO TEST DATA QUALITY			
3-2-24																	
1245		0												CONDUCT LIQUID LEVEL DETERMINATION TEST			
														SHOT	SECONDS	DISTANCE	
														#	TO FLUID	TO FLUID	
														1	1.3	729'	
														2	1.3	729'	



PRODUCER	PLATEAU OPERATING CORP.		
WELL NAME	WEAVER 1-15		
LOCATION	NW 15-25S-40W		
COUNTY	HAMILTON	STATE	KS

CSG _____ WT _____ SET @ _____ TD _____ PB _____ GL _____
 TBG _____ WT _____ SET @ _____ SN _____ PKR _____ KB _____
 PERFS _____ TO _____ , _____ TO _____ , _____ TO _____ , _____ TO _____
 PROVER _____ METER _____ TAPS _____ ORIFICE _____ PCR _____ TCR _____
 GG _____ API _____ @ _____ GM _____ RESERVOIR _____

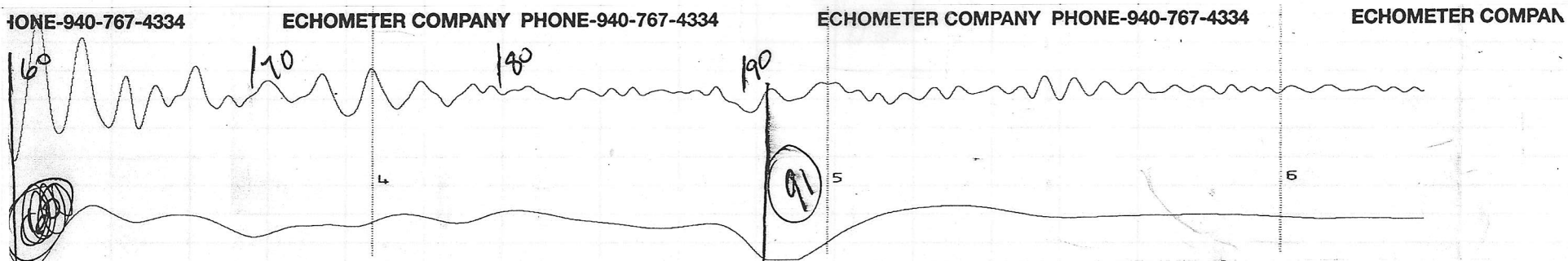
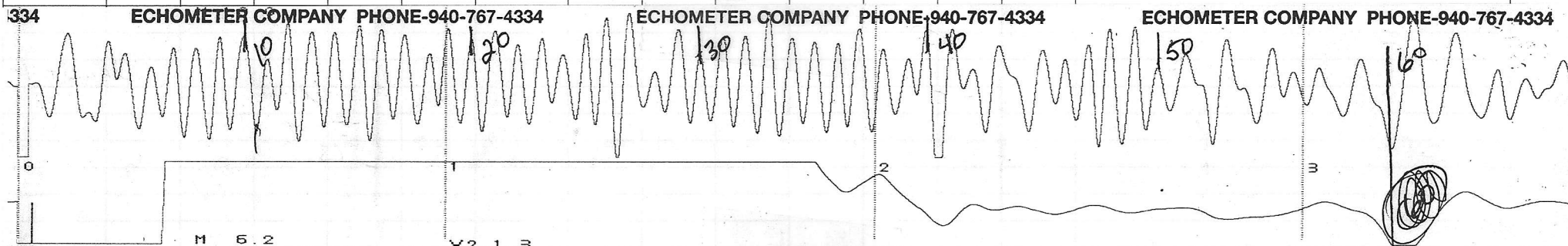
[illegible]

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620-629-0204

PRODUCER PLATEAU OPERATING CORP.
WELL NAME WENDT 1-3
LOCATION SE SE 3-18S-40W
COUNTY GREELEY STATE KS

CSG WT SET @ TD PB GL
TBG WT SET @ SN PKR KB
PERFS TO , TO , TO , TO
PROVER METER TAPS ORIFICE PCR TCR
GG API @ GM RESERVOIR

DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS		TYPE INITIAL <u> </u> SPEICAL <u> </u> ENDING <u> </u>		
		CSG PSIG	Δ P CSG	TBG PSIG	Δ P TBG	BHP PSIG	Δ P BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBLs.	WATER BBLs.	TEST: ANNUAL <u> </u> RETEST <u> </u> DATE <u>3-2-24</u>	REMARKS PERTINENT TO TEST DATA QUALITY	
SATURDAY															ASSUME AVERAGE JT. LENGTH = 31.50'	
3-2-24															CONDUCT LIQUID LEVEL DETERMINATION TEST	
0845		3.0		PUMP OFF											SHOT	JTS TO
															#	FLUID
															1	91.0
															2	91.0
																2867'
																2867'



03/05/2024

Bill Kerrigan
Plateau Operating Corporation
110 McArthur Ridge Court
NASHVILLE, TN 37205-0974

Re: Temporary Abandonment
API 15-075-20904-00-00
LEVENS 2
NW/4 Sec.06-25S-40W
Hamilton County, Kansas

Dear Bill Kerrigan:

"Your temporary abandonment (TA) application for the well listed above has been approved. In accordance with K.A.R. 82-3-111 the TA status of this well will expire 03/05/2025.

- * If you return this well to service or plug it, please notify the District Office.
- * If you sell this well you are required to file a Transfer of Operator form, T-1.
- * If the well will remain temporarily abandoned, you must submit a new TA application, CP-111, before 03/05/2025.

You may contact me at the number above if you have questions.

Very truly yours,

Michael Maier"